ing-in. Most authorities feel that rooming-in should be made available specifically for those women who wish to nurse their babies, and who are temperamentally fitted for it. It is apparently true, however, that more and more women are changing their minds and asking for the privilege of breast-feeding. Many are emancipating themselves from the idea that has become too prevalent, that it is stupid and old-fashioned to breast-feed, and are asserting their instinctual needs. There will probably always be women who will wish to avoid the responsibility of care of their babies and who will prefer to look upon their hospital stay as a vacation. However, an increasing demand for rooming-in may be expected as more women hear of the idea and as they are offered increasing opportunity for participating in it. It is the author's opinion that unless newly constructed maternity floors include facilities that may be used either for rooming-in or conventional care, they will be obsolete within a few years.

More important than the simple physical arrangements required for rooming-in are the reorientation and indoctrination of the personnel working in the new program. Without a thoroughly cooperative attitude on the part of staff and nurses, such an intimate arrangement could easily fail. Any change in point of view and routine inevitably tends to create intense resistance and often active hostility. This reaction was beautifully demonstrated during the period when early ambulation was looked upon by many as a radical and dangerous retrogressive procedure. Thus the educational task is no small one. It not only involves the gaining of unity of thought and action in medical and nursing personnel, but it places upon the physician the responsibility of presenting the rooming-in facility to his patient in the right light and of selection by him of suitable patients.

The patient should be one who wishes to nurse her baby. It is probable that many patients who say "no" to nursing do so because they have not had the advantages to the baby intelligently presented to them. The patient should be the emotionally mature woman who is ready and capable of accepting responsibility. She should have had a normal delivery. She should be thoroughly informed prenatally of the arrangement of the rooming-in set-up. For example, she should know that she is to have only one visitor—her husband (if that is the rule of the unit)—but she should be reminded that, as compensation, her husband will be allowed to visit with both her and their baby. She should know that she will be expected to participate in her own and her baby's care as her physical capacities warrant. She should be reminded that a certain amount of give-and-take in relationship to the mothers and babies in the same unit will be necessary, but that experience shows that the loss of rest from activities of the other occupants of the ward is minimal. She should be warned that the facilities are limited and that she may suffer disappointment if, at the time of delivery, all the beds in the unit are filled.

Many questions inevitably present themselves for discussion and solution. Most of them can be answered only by experience:

1. How soon should the baby be placed with the mother? This involves the degree of sedation and the type of delivery and anesthetic as well as the condition of the baby.

2. Should the mother have more than one visitor? No doubt many patients who would desire rooming-in will be faced with the bitter opposition of possessive mothers if they are not allowed to visit. (What really is gained by not allowing the grandparent to take a turn in visiting?)

3. How soon should the patient start care of her baby and how much should she do?

4. How much sedation can be given for sleep or for relief of perineal stitch pain?

5. How much sleep will she lose and what of the fatigue factor?

6. In case of physical or emotional upset in the mother, requiring transfer from the unit, need the baby be sent to an isolation nursery?

7. Does the rooming-in patient require more nursing hours and can the unit operate on an economic level comparable to that of conventional care?

8. Are there any medicolegal hazards?

9. How valid are the conclusions of the psychiatrists that the conventional care of the baby now generally practiced tends to create emotional states which have effects on its subsequent development?

These and many other questions will be discussed by members of the panel.

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Pediatrician's Point of View

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UNTIL recent years the pediatrician has been concerned primarily with the medical and nutritional care of the infant, the child, and the adolescent. The advent of various chemotherapeutic and antibiotic agents has taken a great load off the shoulders of pediatric institutions, nursing and medical personnel, and practicing pediatricians. Now there is time to take stock of the situation and to investigate fields of endeavor which may have been ignored in the excusable concern over the medically ill child.

The solution to the neurotic disorders and behavior disturbances of children and adolescents is one of the major problems confronting the pediatrician and pediatric psychiatrist.

Under the leadership of child psychiatrists and psychologically minded pediatricians, an amazing and much belated change is occurring in the management of infants and children. The current trend in infant feeding is to the use of the so-called "self-demand" or "ad lib" feeding schedule in which the infant is put to the breast or offered a bottle when it shows a desire for nourishment. It is now recom-

mended that parents rock, cuddle and sing lullabies when the baby seems upset. Strangely enough, it is now considered a good idea to change the wet or soiled diaper when the baby is obviously annoyed by it. It is not too uncommon in these days to have a mother, rather embarrassed, admit that her 18-month-old infant is not yet trained for bladder or bowel control. A few years ago the ridicule of the neighbors and the firm hand of the grandmothers would have prevented such an admission. All of these changes in attitude indicate recognition, at long last, of the fact that babies are human beings.

There are undoubtedly many who predict that the newer attitudes will give rise to a generation of spoiled ne'er-do-wells. Aldrich[1] has said: "Anyone who cares to do so may study, as I have, the early history of spoiled children. In vain will he search for a study of indulgence at the start. With tiresome regularity he will find the same old tale of strict adherence to rigid forms of child training and an inhuman sort of reliance on the theory that affectionate treatment is bad for babies."

There is ample evidence from the increase in juvenile delinquency, the overloaded psychiatric institutions and the astounding percentage of rejections of candidates for military service on a psychiatric basis, that there is something radically amiss in the mental hygiene of infants and children. An appreciable percentage of the personality disorders of adults have their origin in early childhood.

Proposed as an important adjunct to the many factors embodied in the solution to this problem is the rooming-in plan, which is intended to establish, during the lying-in period, the normal biological relationship between the mother and her newly-born infant. The importance of the establishment at an early age of this mother-infant relationship is based on the recognition of the importance of the family group as the basic social affiliation and on the belief that later behavior problems and psychoneuroses have their origin in the frustrations, fears, tensions and feelings of insecurity promoted in early infancy. The newly born infant is a mammal who has spent approximately nine months within the uterus as an aquatic parasite. Immediately after birth he is faced with the problem of oxygen and food intake, digestion and elimination. He is obliged to become adjusted to an entirely different environment and, in most hospitals, to a man-made routine entirely foreign to his mammalian instincts. As a mammal, the human infant needs close tactual contact, cuddling, rooting, suckling and mothering. Body odors are important in establishing security. Frequent nursing is one of the major stimuli to lactation. The psychological benefits to the infant and mother have been offered as one of the major advantages to the rooming-in plan.

Another important item is the practical benefit to the mother. The new mother, in particular, is apt to be completely bewildered by the time she returns home with her newly born infant. The flood of pseudo-scientific articles in the popular magazines, the exaggerated importance of the array of vitamins established in parents' minds by slick radio commercials and newspaper advertising, the dire consequences, tossed about by bridge table consultants, to not using certain milks and carbohydrate preparations—these are enough to make a new mother a very apprehensive and intimidated individual.

It can hardly be said that present hospital routines have been established with the thought of alleviating this situation. Yet the period of hospitalization is the ideal time for the mother to become familiar with the sleeping, eating, bowel and various other habits of her baby. This is the time to put a halt to the frantic expression of fear which is heard far too frequently from the departing mother, "Doctor, I don't know the first thing about babies and I'm scared to death. I will probably be calling you every day." Jackson,[4] in relating the development of the rooming-in unit at the Grace New Haven Community Hospital, mentioned the results obtained from a three-month survey of the problems for which mothers of newborns seek help during the first month following discharge from the hospital. The evidence indicated that the mothers were not prepared, during the period of hospitalization, to understand babies or to assume care of them. Mothers were often afraid to handle their babies and were unnecessarily anxious about normal reactions.

Another complaint, and one which brings up another major advantage of rooming-in, is commonly expressed by the mother who is nursing her baby: "I will certainly be glad to get out of here. I no sooner get the baby settled down and nursing well when they come in and take him away again."

It is not the purpose of this presentation to enter into a discussion of the advantages of breast feeding for the normal full-term infant. However, it may be emphasized that breast milk is superior nutritionally to any other for the normal full-term infant. The tremendous efforts to alter cow's milk by various means so that it approximates the composition of breast milk are justification enough for the belief in the superiority of breast milk. Bartlett[3] begins his book, "Infants and Children," with the remark, "Human milk is meant for babies, cow's milk is meant for calves."

Only recently have the psychological advantages of breast feeding received proper emphasis. The "demand feeding" schedule is gaining general acceptance and fits in well with the principles of the rooming-in plan. MacDonald,[5] in a recent review, pointed out the lower incidence of carcinoma of the breast in women who breast-fed their offspring. These are just a few of the many very good reasons for breast feeding.

Montgomery[7] and co-workers found that 83 per cent of mothers cared for in six-bed wards under the rooming-in plan were still nursing their babies one or more months after discharge. Barnett,[2] however, from observations in a small hospital at the Los Alamos Project did not gain the impression

that the incidence of breast feeding was increased by the rooming-in plan.

Moloney[6] and co-workers reported on a personal communication from Mead who stated that with primitive peoples who nurse their infants almost constantly during the first few days of life, there is almost a complete absence of cracked nipples. This is attributed to the fact that the infant who nurses so frequently does so only briefly and without the pull which the infant on a four-hour hospital schedule is capable of exerting. The experience of Moloney has borne out this theory.

Jackson[4] and co-workers and Moloney have mentioned the interest which this plan has stimulated not only in mothers but also in fathers. Jackson, of the Yale unit, expressed it: "Because of the enthusiastic participation of fathers in the project from the day of inception, the authors were inclined to entitle the paper 'Rooming-in for Parents and Newborns'." The fathers were allowed to hold the baby, change diapers, give water and perform other minor duties which made them feel a part of the show.

There has been no evidence to date that the incidence of infections among newborns under rooming-in conditions is greater than among infants cared for conventionally. It has been suggested that under rooming-in plans infections will be noticed earlier by the alert mother and therefore brought under more immediate control. It is the trend in all modern hospital construction to eliminate the large nursery and to make use of eight-bed or smaller nurseries. The purpose of this is to eliminate the tragic nursery epidemics which occur periodically.

Many hospitals throughout the country are making alterations in their present facilities or incorporating plans for rooming-in facilities in new construction. There are, of course, some valid objections to rooming-in plans, but compared to the advantages they are minor and not insurmountable. The day will come when rooming-in will be a facility of every progressive hospital, available to any mother who desires to participate.

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Psychiatrist's Point of View

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IN the first conference on the Problems of Early Infancy held in New York in 1947, Margaret Fries emphasized the advantages of the "rooming-in" plan to the mother, to the child, to the physician and to the father and family. It has already been stated that the early mother-child relationship has important implications for the emotional development of the child.

Modern dynamic psychiatry regards early childhood experiences as crucial in the development of the personality. This applies to the development of healthy emotional patterns as well as to poorly adaptive or neurotic ones. It is essential, therefore, that physicians have an adequate scientific understanding of the personality and its development, so that they can properly advise parents in their efforts with their children.

It is important to understand what is meant by "emotionally healthy development." Essentially it means emotional maturity. The mature adult is one capable of independence and self-reliance, but able at the same time to satisfy dependent needs in his intimate personal relationships. In other words, there must be a reasonable balance of independent and dependent strivings. The individual must be capable of a mature giving of love and sexuality, which will make possible being an adequate marital partner and parent, capable of forming a family, of working, and of taking the responsibility of satisfying the emotional and physical needs of those dependent on him, the marital partner and the children. In addition, the mature adult has the capacity to enjoy these activities of life, and possesses the ability to function as a responsible citizen in the community.

Childhood represents the transition phase between the completely dependent parasitic intra-uterine existence of the fetus, and the pre-adult period of adolescence, following which complete independence of the parents is finally achieved. This metamorphosis must be a gradual one, as the human infant is completely helpless during a long neonatal period. His physical maturation is very slow. Due to the complex society to which he must successfully adapt himself, his emotional maturation requires a much longer period of time than his physical maturation.

At birth, the infant is ejected from his intra-uterine existence in which all his needs are automatically satisfied by the maternal circulation and surrounding fluid and tissues, in which he experiences a minimum of physical tensions and therefore little or no painful frustration and anxiety. In contrast, the neonatal infant, completely helpless and dependent on the mother's ministrations for the satisfaction of his physical and emotional needs, for the first time experiences painful tensions, frustration, anxiety and rage, especially with the hunger experience. It is hardly surprising that he is especially vulnerable to intense feelings of insecurity. It is the consensus of opinion that freedom from